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(Address)
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(Business Entity Name)
(business Entity Name)
(Document Number)
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COVER LETTER

Registration Section Division of Corporations

O	Name of Lim	ited Liability Company	
	Name of Call	near that may company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Anouk Vieux Roy		
		Name of Person	
	Anoukvieuxroy4, LLC		
		Firm/Company	
	11361 SW 109th Rd., Unit	С	
		Address	
	Miami, Florida 33176		
		City/State and Zip Code	
	anoukvieuxroy@yahoo.com		
	E-mail address: (to be used for future annual report not	ification)
For further information	concerning this matter, please co	all:	
Anouk Vieux Roy		786 230-5563	
Name	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of	rporations

Tallahassee, FL 32303

ARTICEES OF AMENDMENT

TO ARTICLES OF ORGANIZATION OF

Anoukvieuxroy4, LLC		
(<u>Name of the Lim</u>	ited Liability Company as it now appears of (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited	Liability Company were filed on 08/17	2/2022 and assigne
Florida document number L.22000363312	.	
This amendment is submitted to amend the fo	llowing:	
A. If amending name, enter the new name	of the limited liability company here	;;
Yorxueivkuona4, LLC		
The new name must be distinguishable and contain the	words "Limited Liability Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
(Principal office address MUST BE A STRE Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE		
B. If amending the registered agent and/or	registered office address on our reco	ords, enter the name of the new regis
agent and/or the new registered office addr	<u>ess here</u> :	
Name of New Registered Agent:	Anouk Vieux Roy	
New Registered Office Address:	11361 SW 109th Rd, Unit C	29
	Enter Florida	street address
	Miami	Florida 33176
	City	Zin Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document i being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Ac
AMBR	Anouk Vieux Roy	11361 SW 109th Rd., Unit C	= Add
		Miami, Florida 33176	□Remove
			□Change
			□Add
			□Remove
			□Add
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lf an effective <u>Note:</u> If th	date, if other that e date is listed, the date inserted in s effective date on	ate must be specific this block does no	and cannot be prior of meet the application	able statutory filin	ore than 90 days aft	t ional) er tiling.) Pursuant to 605. nis date will not be liste
			not an effective ti	me, at 12:01 a.m.	on the earlier of: (b) The 90th day after
e record spe rd is filed.	ecifies a delayed e	ffective date, but				
rd is filed.	ecifies a delayed e	ffective date, but		_· 		
rd is filed.		ffective date, but		rized Sprisentative		